

CLAIMS ONLY								Application Number 70-760349		Filing Date			
								Applicant(s)					
										* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT								
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend		
1							51						
2							52						
3							53						
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46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep							Total Indep						
Total Depend							Total Depend						
Total Claims							Total Claims						

Filing Date

Applicant(s)

* May be used for additional claims or amendments